COMANCHE INDEPENDENT SCHOOL DISTRICT

Notice of Appeal to Level II

This form must be filled out completely by an employee appealing a Level I decision to the Superintendent or designee in accordance with local grievance procedures.

Name _____

Position_____ Department/Campus _____

To whom and when did you present your complaint? _____Date _____

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Date of Level II conference _____

Location of Level II conference _____

If you will be represented in pursuing your complaint, please identify the individual or organization representing you:

Name _____ Address _____

Phone _____ _____

Attach a copy of the original complaint and, if applicable, a copy of the Level I decision being appealed.

_____ _____

Signature Date Submitted